

CITY HALL 759-2353  
OPEN MONDAY – FRIDAY  
8:00 – 4:30

ACCT # \_\_\_\_\_  
DEPOSIT \$100.00

**APPLICATION FOR BUSINESS SEWER SERVICE**

NAME OF BUSINESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

IDENTIFICATION PRESENTED: \_\_\_\_\_

REQUEST IS HEREBY MADE THE SERVICE IS EFFECTIVE \_\_\_\_\_

SEWER BILL WILL BE CALCULATED ON ACTUAL WATER USAGE.

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- (1) SEWER RATES ARE CALCULATED ON FORTY CENTS (.45) PER HUNDRED GALLONS OF WATER USAGE PLUS \$13.50 MINIMUM PER MONTH.
- (2) APPLICANT CONTRACTUALLY AGREES TO PAY ALL SEWER CHARGES UNTIL SAID APPLICANT HAS TERMINATED SERVICE
- (3) IF APPLICANT FAILS TO PAY THESE CHARGES, COLLECTION FEES ARE THE RESPONSIBILITY OF THE CONSUMER.

**I, THE UNDERSIGNED HAVE READ AND DO UNDERSTAND THE TERMS AND CONDITIONS OF THIS CONTRACT AND AGREE TO SAID TERMS.**

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE